

Certificate on patient care training

name, first name	
date of birth	place of birth

has attended patient care training under my supervision at

name of hospital and clinical department/unit

<u>Duration of training:</u>	
From _____ to _____	

Times absent

<input type="checkbox"/>	yes	from _____	to _____	
<input type="checkbox"/>	no			

The student has been introduced to the following patient care activities:

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place, date

seal/stamp

name of hospital

signature head of nursing staff